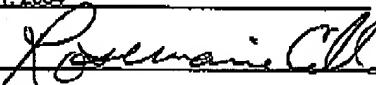
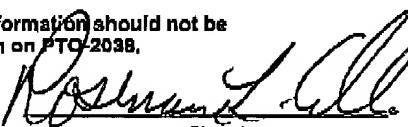


<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 15270J-004741US
<p>I hereby certify that this correspondence is being facsimile transmitted, Fax No.: 703-872-9306 to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on <u>October 1, 2004</u>.</p> <p>Signature </p> <p>Typed or printed name <u>Rosemarie L. Celli</u></p>		<p>In re Application of <u>Dale B. Gohenk</u></p> <p>Application Number <u>09/723,713</u> Filed <u>November 27, 2000</u></p> <p>For <b>PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE</b></p> <p>Art Unit <u>1632</u> Examiner <u>Anne Marie Sabrina Wehbe</u></p>
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$340.</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$.</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1450</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>		
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>42,397</u></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). <u>_____</u></p>		
<p> Signature</p> <p><u>Rosemarie L. Celli</u> Typed or printed name</p> <p><u>650-326-2400</u> Telephone number</p> <p><u>October 1, 2004</u> Date</p>		
<p><b>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</b></p> <p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>		